



# SAMPLE APPLICATION

**\*\*TO BE FILED AFTER PASSING EXAM\*\***

9. Since your admission to the State Bar of California:

- |  |  |
|--|--|
| a. Have you been disbarred, suspended or disciplined by the State Bar of California or similar attorney disciplinary authority or any other authority that imposes professional discipline in California, or in another state or jurisdiction, including a foreign jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Do you have any discipline pending?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any felony convictions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Did you resign from any bar, court or body before whom you appear?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have there been three or more judgments of professional negligence against you? <i>(If yes, please attach the relevant documents.)</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Have any sanctions, other than discovery sanctions, been entered against you by any court or body before whom you appear?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Have any findings of contempt been made against you by any court or body before whom you appear?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Have you been denied certification or recertification as a legal specialist by the State Bar of California Board of Legal Specialization, or any other certifying body?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**IF YOU ANSWER YES TO ANY OF THE ABOVE, YOU MUST PROVIDE FULL DETAILS ON A SEPARATE SHEET. A record of discipline or failure to disclose any of the information requested above may constitute grounds for denial of your application.**

## DECLARATION

I hereby authorize all educational institutions, governmental agencies and instrumentalities (including bar associations and bar examiners of other jurisdictions), employers and business and professional associates (past and present), to release to the California Board of Legal Specialization and the Family Law Advisory Commission any nonprivileged information, files or records requested by them for the purpose of processing this application. The foregoing release does not apply to matters communicated by me in confidence to any lawyer, spouse, physician, psychotherapist or clergy person for which I have privilege of nondisclosure under the provisions of Chapter 4, Division 8 of the California Evidence Code.

I further authorize the Family Law Advisory Commission to conduct independent inquiry and review as provided in section 9.0 of the Rules.

I agree to pay all fees required by the California Board of Legal Specialization when due.

I agree to abide by all rules and regulations of the California Board of Legal Specialization as amended from time to time and to furnish to the Board and the Family Law Advisory Commission such information as they may require to determine my entitlement to certification.

I am the applicant herein for certification as a family law specialist under the State Bar of California Program for Certifying Legal Specialists. I fully understand that failure to make a truthful disclosure of any fact, item or information required may result in the denial of my application, revocation of my certificate of specialization, or disciplinary action by the State Bar of California. I have carefully read and answered each question completely and truthfully in the foregoing application and any attachments hereto, and certify that the information therein is true and correct to the best of my knowledge.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on:

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## TASK AND EXPERIENCE REQUIREMENT

### ATTACHMENT A

Applicant Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

**The Family Law Advisory Commission may require additional evidence of completion of tasks and experience as indicated in this Attachment A.**

1. Within the five years immediately preceding submission of this application, I have completed the tasks set forth in at least four of the following five categories: **(CHECK AT LEAST FOUR OF BOXES A - E)**

- ☐ a. Principal counsel in 20 contested family law hearings involving one or more issues set forth in section 2 below, submitted to a court for a decision. **(Not to be considered the same as category b.)**
- ☐ b. Principal counsel in five hearings or trials under the California Family Code which are within the definition of family law in section 1.0 of the Standards, and which are three or more hours in length and involve testimony of witnesses. **FILL IN COMPLETE INFORMATION WITH REGARD TO EACH CASE BELOW OR ATTACH A SEPARATE SHEET DETAILING THE INFORMATION REQUESTED.**

For purposes of sections 1.a through 1.e, **principal counsel** is the attorney who spends a majority of the time on a case in the activities of preparation, review, filing and representing a client at an interview or hearing. There can be only one principal counsel per case.

**IF YOU HAVE COMPLETED LESS THAN FIVE HEARINGS OR TRIALS, DO NOT CHECK BOX B. YOU MUST CHECK ONE OR MORE OF THE ALTERNATIVE BOXES BELOW.**

	TITLE OF CASE	CASE NO.	COURT WHERE HEARD	DATE JUDGMENT ENTERED OR DATE DECISION RENDERED	ISSUES INVOLVED	LENGTH OF TRIAL
1						
2						
3						
4						
5						

**OR (ALTERNATIVE TASK AND EXPERIENCE – CHECK ONE OR MORE OF BOXES B1 - B3 IF YOU HAVE NOT COMPLETED THE FIVE HEARINGS OR TRIALS AS DESCRIBED IN SECTION B ABOVE)**

Other alternative tasks and experience which substantially comply with the task and experience requirement of section b above, subject to approval of the Family Law Advisory Commission, including, but not limited to:  
**CHECK THE APPROPRIATE BOXES AND PROVIDE DETAILED INFORMATION ON A SEPARATE SHEET.**

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- ☐ b.1 Evidentiary hearings or trials in other practice areas.
- ☐ b.2 Sitting as *pro tem* judge or arbitrator in contested hearings or trials under the California Family Code or within the definition of family law in section 1.0 of the Standards.
- ☐ b.3 Successful completion of a recognized trial advocacy program. *Applicants may substitute a trial advocacy skills workshop for a maximum of two trials, or a non-skills workshop for a maximum of one trial. See enclosed **Trial Advocacy Workshop Guidelines** for further information.*
- ☐ c. Principal counsel in a minimum of 30 negotiated family law judgments or negotiated marital settlement agreements.
- ☐ d. Principal counsel in 30 stipulated temporary family law order.
- ☐ e. Principal counsel and principal author of the briefs in three California family law appeals in which an opinion was filed. **(YOU MUST FURNISH COMPLETE INFORMATION WITH REGARD TO EACH CASE BELOW.)**

	COURT OF APPEALS CASE NO. OR CITATION	TITLE OF CASE
1		
2		
3		

2. Within the five years immediately preceding application, I have been substantially involved in the practice of family law, including actual experience in **each** of the following areas:

- a. Restraining orders/domestic violence proceedings ☐ Yes ☐ No
- b. Dissolution of marriage, legal separation, or nullity of marriage litigation ☐ Yes ☐ No
- c. Custody of children ☐ Yes ☐ No
- d. Child support ☐ Yes ☐ No
- e. Spousal support ☐ Yes ☐ No
- f. Modification of support ☐ Yes ☐ No
- g. Division of community property ☐ Yes ☐ No
- h. Confirmation of separate property ☐ Yes ☐ No
- i. Taxation issues incident to dissolution of marriage ☐ Yes ☐ No
- j. Contempt and/or enforcement proceedings ☐ Yes ☐ No
- k. Mediation and/or negotiation of family law disputes ☐ Yes ☐ No
- l. Psychological and counseling aspects of dissolution of marriage ☐ Yes ☐ No

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## EDUCATION REQUIREMENT

### ATTACHMENT B

Applicant Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_

In order to satisfy the education requirement for certification, you must have completed at least 45 hours of approved education as specified in section 3.0 of the Standards **within the three years immediately preceding submission of this application.** One-half, or 22.5 hours, may be satisfied with alternative educational activities as described in section 6.2 of the Rules.

**ON ATTACHMENT B-1**, list the educational activities you have attended or taught (excluding alternative educational activities) that were specifically approved for legal specialist credit. Refer to Attachment B-1 for the type of documentation required.

**ON ATTACHMENT B-2**, list the educational activities you have attended or taught (excluding alternative educational activities) that were not specifically approved for legal specialist credit. Refer to Attachment B-2 for a further explanation and the type of documentation required.

**ON ATTACHMENT B-3**, list any alternative educational activities (section 6.2 of the Rules) that you have completed to satisfy the education requirement. Keep in mind that, with the exception of approved tapes, hours claimed for alternative educational activities are subject to approval by the Advisory Commission.

**Summarize your hours in the grid provided below.**

#### SUMMARY OF EDUCATION ACTIVITIES (INCLUDING ALTERNATIVES)

(Section numbers refer to specific education requirements set forth in Standards)

AREA	HOURS ATTENDED OR TAUGHT (total from B-1 + B-2)	HOURS OF ALTERNATIVE EDUCATION (total from B-3)	TOTAL
<b>Section 3.1 (at least 9 hours)</b> Dissolution of marriage; contempt and/or enforcement; or mediation and/or negotiation of family law disputes			
<b>Section 3.2 (at least 6 hours)</b> Custody of children			
<b>Section 3.3 (at least 9 hours)</b> Child support; spousal support; or modification of support			
<b>Section 3.4 (at least 12 hours)</b> Division of community property; confirmation of separate property; or taxation issues incident to dissolution of marriage			
<b>Section 3.5 (at least 6 hours)</b> Psychological and counseling aspects of dissolution of marriage			
<b>Section 3.6 (no more than 3 hours)</b> Paternity litigation; adoption litigation; problems of the nonmarital family; writs and appeals from dissolution of marriage; legal separation or nullity of marriage litigation; proceedings to free a minor from the custody and control of parent(s); problems of domestic violence; guardianships of the person or children; law office management of a family law practice			
<b>TOTAL</b> (minimum of 45 hours)			

**REMEMBER:** Courses taken to fulfill the MCLE special topic requirements (legal ethics, substance abuse/mental distress, elimination of bias in the legal profession) CANNOT be used to satisfy the education requirement for certification, although a course in legal ethics that relates specifically to your specialty area may qualify.

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## EDUCATION REQUIREMENT

### ATTACHMENT B-1

Applicant Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

On this attachment, list the educational activities you have attended or taught (excluding alternative educational activities as described in section 6.2 of the Rules) that were specifically approved for legal specialist credit. Providers of approved legal specialist activities are subject to the same requirements as MCLE providers, so you should have been provided with a **certificate of attendance** indicating that the activity was approved for legal specialist credit and stating the number of hours of credit you received.

**COPY THIS ATTACHMENT IF ADDITIONAL SPACE IS NEEDED.**

**DOCUMENTATION REQUIRED FOR EACH ACTIVITY:** certificate of attendance. The provider is required to give you a certificate of attendance. If you did not receive a certificate, contact the provider.

NAME OF PROGRAM SPONSOR OR APPROVED PROVIDER	NAME OF PROGRAM	HOURS ATTENDED	HOURS TAUGHT	DATE COMPLETED
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	

\*Calculate credit for teaching as follows: Next to **HOURS**, put the actual number of hours of speaking time. Check the appropriate box to indicate whether it was your first time presenting the activity or a repeat presentation. If it was the first time, multiply the actual speaking time by 4 and put the result next to **TOTAL**. If it was a repeat presentation, you may claim only actual speaking time. In that case, **HOURS** and **TOTAL** will be the same number.

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## EDUCATION REQUIREMENT

### ATTACHMENT B-2

Applicant Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

On this attachment, list the educational activities you have attended or taught (excluding alternative educational activities as described in section 6.2 of the Rules) that were **NOT** specifically approved for legal specialist credit but that you believe meet the criteria for approval of educational activities set forth in section 7.3 of the Rules.

**COPY THIS ATTACHMENT IF ADDITIONAL SPACE IS NEEDED.**

**DOCUMENTATION REQUIRED FOR EACH ACTIVITY:** Sufficient information for the Advisory Commission to determine whether credit should be granted (for example, promotional materials, a brief description of the program, course outline, list of instructors).

NAME OF PROGRAM SPONSOR	NAME OF PROGRAM	HOURS ATTENDED	HOURS TAUGHT	DATE COMPLETED
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	
			____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT ____ TOTAL*	

\*Calculate credit for teaching as follows: Next to **HOURS**, put the actual number of hours of speaking time. Check the appropriate box to indicate whether it was your first time presenting the activity or a repeat presentation. If it was the first time, multiply the actual speaking time by 4 and put the result next to **TOTAL**. If it was a repeat presentation, you may claim only actual speaking time. In that case, **HOURS** and **TOTAL** will be the same number.

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## EDUCATION REQUIREMENT

### ATTACHMENT B-3

Applicant Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

On this attachment, list the alternative methods you used to satisfy the education requirement. Remember that no more than one-half (1/2) of your requirement can be satisfied in this manner. SEE SECTION 6.2 OF THE RULES FOR LIMITATIONS ON ALTERNATIVE METHODS TO SATISFY THE EDUCATIONAL REQUIREMENT.

If you are submitting activities that require Advisory Commission approval, we recommend that you **SUBMIT YOUR APPLICATION NO LATER THAN FOUR MONTHS PRIOR TO THE DEADLINE.**

*The Advisory Commission may require additional information regarding alternative education activities.*

ALTERNATIVE EDUCATION	# HOURS REQUESTED
1. Self-verified listening to and/or viewing of a complete audio or audio/visual reproduction of an approved program or program segment. <b>Such tapes must be approved for educational credit and listened to or viewed within the time period for which they were approved. <u>YOU MUST ATTACH A LIST OF YOUR SELF-STUDY ACTIVITIES.</u></b>	
2. Self-verified participation in other approved audiovisual activities, including interactive video instruction and activities electronically transmitted from another location, such as online education. <b><u>YOU MUST ATTACH A LIST OF YOUR SELF-STUDY ACTIVITIES.</u></b>	
3. Writing or editing published articles or books relating to family law. PLEASE SUBMIT A COPY OF THE MATERIALS FOR WHICH YOU ARE CLAIMING CREDIT. <b>The hours of credit to be allowed shall be determined by the Commission after consideration of the amount and quality of the submitted materials.</b>	
4. Teaching a course in the field of family law at an accredited institution of higher education. <b>The hours of credit to be allowed shall be determined by the Commission based upon the amount and quality of professional education involved.</b>  NAME OF INSTITUTION:  NAME OF COURSE:  BRIEF DESCRIPTION:  TO WHOM THE COURSE WAS TAUGHT:  DATE COMPLETED:	
5. Completion of an advanced postgraduate course at an accredited law school that includes education in family law. <b>The hours of credit to be allowed shall be determined by the Commission based upon the amount and quality of professional education involved.</b>  NAME OF LAW SCHOOL:  COURSE COMPLETED:  DATE COMPLETED:	



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## INDEPENDENT INQUIRY AND REVIEW

### ATTACHMENT C

Applicant Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

I submit the names and addresses of the following three attorneys or judges who have had an opportunity to observe my work and who can attest to my proficiency in the practice of family law.

**The references do not include any attorney who is my relative or who currently is my client, partner, associate, employer or employee.**

**To expedite your application, please include the following among your references: opposing counsel and judges or commissioners before whom you have appeared in family law proceedings.**

**All references, communications, reference forms, and information gathered pertaining to the applicant shall be the property of the State Bar and are confidential and no information concerning them and the matter to which they relate shall be given to any person except upon prior order of the Board of Governors of the State Bar or as provided in the Rules and Regulations.**

*Include each reference's California bar membership number to insure that reference forms are sent promptly and to the right individual. Bar membership numbers can be found online at [www.calbar.ca.gov](http://www.calbar.ca.gov) under Attorney Search.*

NAME AND BAR NUMBER	ADDRESS
1.	
2.	
3.	



## The State Bar of California Board of Legal Specialization Credit Card Authorization Form

### Applicant Information

Bar Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Information

☐ Visa

☐ MasterCard

Only Visa and MasterCard credit cards are accepted.

Credit Card Number: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa or MasterCard account for the amount that I have entered in the "total" box below.

Description	Amount Paid
Post Examination Application Fee per Certified Specialty - \$250	\$